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DATE: January 25, 2005
CLIENT NO.: H6810.0021
MESSAGE TO: Examiner Yelena G. Gakh
COMPANY: U.S. Patent and Trademark Office; Art Unit 1743
FAX NUMBER: 703-872-9306
PHONE: 571-272-1257
FROM: Mark J. Thronson
PHONE: (202) 775-4742

PAGES (Including Cover Sheet): 13 HARD COPY TO FOLLOW: ☐ YES ☒ NO

Please file the attached Credit Card Payment Form, Petition for Extension of Time, and Amendment in U.S. Patent Application No. 09/858,477. Applicants' undersigned representative certifies that the attached Credit Card Payment Form, Petition for Extension of Time, and Amendment are being filed with the U.S. Patent and Trademark Office by facsimile transmission on January 25, 2005.

Mark J. Thronson, Reg. No. 33,082

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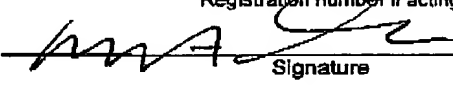
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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) H6810.0021/P021	
Application Number 09/858,477		Filed May 17, 2001	
For METHOD AND SYSTEM FOR COMPREHENSIVE MANAGEMENT OF CHEMICAL MATERIALS			
Art Unit 1743		Examiner Yelena G. Gakh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$120	\$80
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$450	\$225
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1020	\$510
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1590	\$795
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<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 33,082	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
		January 25, 2005	
Signature		Date	
Mark J. Thronson		(202) 775-4742	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of	1	forms are submitted.

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